

MAINE DEPARTMENT OF HUMAN SERVICES

Application for Food Stamps, TANF, PaS, or MaineCare

If your primary language is other than English, please list:

You only need to answer questions that concern the program(s) for which you are applying.

For Food Stamps, to immediately file this application we must have your name, address, and signature (or that of an authorized representative). If eligible, your benefits will begin from date of application.

Your Name (First, Middle, Last)		Social Security #		Birthdate-(Mo/Day/Yr)	
Mailing Address: Street, PO Box, RR or RFD (Include apartment number, care of, etc.)				Safe Delivery Address? No <input type="checkbox"/> Yes <input type="checkbox"/>	
City		State		Zip Code	Telephone/Message Number

Street, address and town where you actually live, if different

Have you or anyone in your household ever received Food Stamps, TANF or PaS and/or MaineCare? No ☐ Yes ☐
 Who: _____ Where: _____ When: _____

Is this person fleeing to avoid prosecution or confinement for a felony or violation of probation or parole?
 Who: _____ Where: _____ When: _____ No ☐ Yes ☐

Is anyone 65 years or older? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	Does anyone receive SSI? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>
Is anyone disabled? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	Did anyone ever receive SSI? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>
Name(s): _____	Name(s): _____
Is anyone blind? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	Is anyone pregnant? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>
Name(s): _____	Name(s): _____
Is either parent unemployed? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	Due Date(s): _____

If your household has little or no income, you may be able to receive Food Stamps within a few days. If so, answer the following questions, complete and sign this application form.

How many people, including yourself, live in your home and purchase and prepare meals with you? _____	Did all of the household income stop recently? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>
How much is your rent or mortgage? _____ \$ _____	What is the total income you expect your household to receive this month? _____ \$ _____
How much are your utilities? _____ \$ _____	How much do the members of your household have in cash or savings? _____ \$ _____
Do you pay separately for heat? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	Is anyone in your household a migrant or seasonal farm worker? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>
Has anyone received HEAP Fuel Assistance at your current residence since last October? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are everyone you are applying for homeless <u>and</u> without free shelter? _____ No <input type="checkbox"/> Yes <input type="checkbox"/>	

I understand and agree to provide documents to prove what I have stated. I understand and agree that the information I have given may be verified by federal, state and local officials or other persons and organizations. If I have given incorrect information, my application may be denied and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those concerning citizenship or alien status, are correct and complete for all persons applying for benefits.

 Applicant's Signature Date Interviewer Date

Please list if you have a Guardian, Conservator or Authorized Representative or someone who knows your financial situation whom you would like us to contact to help us determine if you are eligible:

Name: _____ Address: _____
 Telephone Number: _____

Expedite: No ☐ Yes ☐ Worker: _____ I.D. Verification: _____ Residence Verification: _____

Date received: _____ Date logged on: _____ 45th day: _____

Check what you want for each person.			
Food Stamps	TANF	PaS	MaineCare

Questions on this application apply to members of your household. This includes you, your spouse, and everyone else for whom you are requesting assistance.
Please print answers.

Verification of information may be required.

				Last Name	First Name	MI	Jr./Sr	Social Security Number	Birthdate Mo/Da/Yr	Age	Sex M/F	Relation to you
				APPLICANT								SELF
				PERSON ALREADY LISTED ON PAGE ONE								

Please list anyone else who lives with you for whom you are not requesting assistance.

Name	Birthdate Mo/Da/Yr	Sex M/F	Relation to you	Amount paid to you (if applicable)	How often Paid?

Please complete a section for each adult applying for benefits. This information is voluntary. Your benefits will not be affected if you do not answer.

	Applicant	Second Adult
Are you Hispanic or Latino?	No 9 Yes 9	No 9 Yes 9
Are you an American Indian or Alaskan Native?	No 9 Yes 9	No 9 Yes 9
Circle the tribe you belong to: 1. Houlton Maliseet 2. Peter Dana Pt. Passamaquoddy 3. Pleasant Point Passamaquoddy 4. Penobscot 5. Aroostook Micmac 6. Other		
Do you live on your tribe's reservation?	No 9 Yes 9	No 9 Yes 9
Are you Asian?	No 9 Yes 9	No 9 Yes 9
Are you Black or African American?	No 9 Yes 9	No 9 Yes 9
Are you Native Hawaiian or Pacific Islander?	No 9 Yes 9	No 9 Yes 9
Are you White?	No 9 Yes 9	No 9 Yes 9

List your shelter expenses. Do not include past due payments and Security Deposits.

	How Much	How Often		How Much	How Often		How Much	How Often
Rent	_____	_____	Lot Rent	_____	_____	Cooking Fuel	_____	_____
Heat	_____	_____	Mortgage	_____	_____	Water	_____	_____
Electricity	_____	_____	Property Taxes	_____	_____	Sewer	_____	_____
Telephone (basic)	_____	_____	House Insurance	_____	_____	Trash Collection	_____	_____
Is your heating cost included in your rent?→No 9 Yes 9			Has General Assistance helped you with any of these expenses in the last 6 months?→			No 9	Yes 9	
Has anyone received HEAP Fuel Assistance at your current residence?→ No 9 Yes 9			Does your mortgage include taxes and house insurance?→			No 9	Yes 9	
Do you live in public housing? → No 9 Yes 9			Does anyone outside your household pay all or part of these bills?→			No 9	Yes 9	
Do you receive a rent subsidy? → No 9 Yes 9			If yes, who? _____					
How much? _____ How Often? _____								

[illegible]

<div style="text-align: center;">↓</div> <div style="text-align: center;"><u>If not a US Citizen</u></div> <div style="display: flex; justify-content: space-between;"> <div>INS Status</div> <div>Verified by</div> </div>			Are any of the above foster children, in state custody or boarders? →	No ¹ Yes ¹ . If yes, who
1.				
2.				
3.				
4.				
5.				
6.				

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326 – W, Whitley Building, 1400 Independence Avenue, S. W. Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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**Earnings (including children). You must provide verification of all gross wages:
Last 4 weeks' wage stubs for TANF or PaS, Food Stamps and MaineCare.**

Has anyone quit a job in the last 60 days? No ☐ Yes ☐ If yes, who? _____
 Is anyone on strike? No ☐ Yes ☐ If yes, who? _____
 If between 18 – 49 years old, has anyone been told they are not eligible because of ABAWD rules?
 No ☐ Yes ☐ If yes, who? _____

Is this person currently employed N/Y	If no, date last worked	Current or Last Employer's Name and Address	Type of work	# of hours worked weekly	Hourly rate of pay	Gross pay before deductions	How often is pay received	Weekday pay is received

Do you receive an Earned Income Tax Credit (EITC) in your normal paycheck? _____ No ☐ Yes ☐
 Do you receive a yearly EITC? _____ No ☐ Yes ☐
 If yes, how much \$ _____ When did you get your refund? _____
 Does anyone give any money or assistance which is not listed to anyone in your household? _____ No ☐ Yes ☐
 Does anyone pay child support? No ☐ Yes ☐ Who pays? _____
 How much? \$ _____ per _____ To whom? _____ For whom? _____
 Do you expect any change in income or expenses? _____ No ☐ Yes ☐

Complete this section if self-employed. You must provide the most recent tax return or business records.

Name of person who is self-employed: _____ Is this a partnership or corporation? No ☐ Yes ☐
 Name of Business: _____ Type of Business: _____ # hours worked weekly: _____
 Gross Amount _____ How often? _____

If you are paying someone to take care of your children or disabled adults, complete the following.

Name of person being paid _____ Address _____ Phone # _____	Name of person being paid _____ Address _____ Phone # _____
How much help do you get with child care expenses \$ _____ How often _____ Amount paid \$ _____ How often _____ For whom: _____ Type of Provider: _____	How much help do you get with child care expenses \$ _____ How often _____ Amount paid \$ _____ How often _____ For whom: _____ Type of Provider: _____

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Licensed, Family Based (Relative or Non-Relative) Code B
 Licensed, Day Care Center (Relative or Non-Relative) Code A
 Unlicensed, In-home, Non-Relative Code G
 Unlicensed, In-home, Relative Code F
 Unlicensed, Family, Non-Relative Code D
 Unlicensed, Family, Relative Code H

ASSETS				FOR OFFICE USE ONLY
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1. Cash Not in Bank</div> <div style="width: 33%;">5. Trust Accounts</div> <div style="width: 33%;">10. Stocks, Bonds, Annuities, Profit Sharing</div> <div style="width: 33%;">2. Savings Account</div> <div style="width: 33%;">6. Christmas Clubs</div> <div style="width: 33%;">11. IRA, 401K, Keogh Accounts</div> <div style="width: 33%;">3. Checking Account</div> <div style="width: 33%;">7. Life Insurance</div> <div style="width: 33%;">12. Prepaid Burial</div> <div style="width: 33%;">4. Credit Union Shares</div> <div style="width: 33%;">8. Certificate of Deposit</div> <div style="width: 33%;">13. Family Development Accounts</div> <div style="width: 33%;">9. Separate Identifiable</div> </div>				
Type of Asset See Above	Name of Bank/Institution	Account Number	Current Balance or Value	
	-----	-----	-----	
			.	

TANF/PaS Families Total Countable Cash Assets \$ _____

Does anyone's name jointly appear on any Bank Accounts, Savings Accounts, Checking Accounts, Credit Union Accounts, Stocks, Bonds, Money Market Certificates or any type of property **other than those listed above?**
 Explain: No 9 Yes 9

Does anyone have any land, buildings, or time shares, including jointly held real estate other than where you live
 Explain: No 9 Yes 9

Did anyone sell, trade, or give away anything of value during the last three months?
 Explain: No 9 Yes 9

Has anyone recently received, or does anyone expect to receive in the near future, any payments such as retroactive government benefits, compensation, pay raises, law suit settlements, inheritance, etc.?
 Explain: No 9 Yes 9

Does anyone have, or jointly own, any cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, trailers, skidders, tractors, or other motorized vehicles? If yes, list below: No 9 Yes 9

Year	Make/Model	Name(s) of Owner(s)	Amount Owed	Use	Exempt?	If Yes, Worker Justification
					No 9 Yes 9	
					No 9 Yes 9	
					No 9 Yes 9	

TURN OVER AND ANSWER QUESTIONS ON PAGE 6

PARTIALLY EXEMPT FS		NON-EXEMPT LICENSED FS		TANF or PaS/MAINECARE AND UNLICENSED FS	
Value - Excluded Amt. _____	Value - Excluded Amt. _____	Value - Amt. Owed _____	Equity - Excluded Amt. _____	Value - Amt. Owed _____	
= Net Assets _____	= Countable Value _____	= Equity _____	= Net FS Asset _____	= Net Assets _____	
	Net Asset _____ (greater of two amounts)				
Total Assets: FS _____ TANF/PaS _____ MaineCare _____					

For All Programs					
Does any child under 21 have a mother or father who is not living with you or who is deceased? No 9 Yes 9 If you answered YES, list the following information: _____→		#1 - Name of Absent Parent and last known address		#2 - Name of Absent Parent and last known address	
		Name of child(ren)		Name of child(ren)	
Do you provide the primary home for this child?		No 9 Yes 9		No 9 Yes 9	
Do you usually provide the day-to-day care and make decisions concerning this child?		No 9 Yes 9		No 9 Yes 9	
Does this child sometimes live with the other parent?		No 9 Yes 9 How often?		No 9 Yes 9 How often?	
Do you share custody of this child?		No 9 Yes 9		No 9 Yes 9	
Does the other parent provide a home, physical care and guidance for this child in any way?		No 9 Yes 9 How?		No 9 Yes 9 How?	
If you are applying for TANF or PaS, under age 18 and a parent or pregnant, please read this: Maine law prevents TANF or PaS cash benefits to never married minor parents. Instead of cash payments, the Department will send portions of the TANF or PaS benefit directly to vendors to pay monthly expenses. The rest of the TANF or PaS benefit must be sent to an adult payee who agrees to manage the money and agrees to explain how it is used on the minor's behalf. List the Name, Relationship, Address and Telephone # of the payee you would like the Department to consider:_____					
<u>If you are applying for TANF or PaS or MaineCare, answer the following questions.</u>					
Are you requesting help for any medical bills incurred within the LAST THREE MONTHS ? Which months? _____				No 9 Yes 9	
<u>You must provide the medical bills or copies of them.</u>					
Does anyone pay for Medical Insurance? _____→ Premium \$ _____ How often paid? _____				No 9 Yes 9	
Has any child lost health insurance in the past 3 months? _____→ If yes, why? _____				No 9 Yes 9	
Is any child claimed as a tax dependent by someone other than his/her parent? _____→				No 9 Yes 9	
<u>If you are applying for Food Stamps for elderly or disabled persons, answer the following questions.</u>					
This section applies to anyone who is age 60 or older OR who is receiving any type of total disability benefits. Do you pay over \$35/month for medical insurance (including Medicare), over-the-counter or doctor-ordered medicines, dental care, hearing aids, eye care, transportation or any other medical service or supplies? No 9 Yes 9					
<u>List the anticipated expenses (and due dates of payments) and provide proof of expenses for the past year:</u> _____ _____					
Please list anyone who has a red, white and blue Medicare card.	Name		Medicare Number (Voluntary For Non-Applicant)		